Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF MONTANA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Alan First name Bruce Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Powell Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9261	

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Debtor 1 Alan Bruce Powell Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	7125 Buckhorn Lane	If Debtor 2 lives at a different address:
		Missoula, MT 59808 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Missoula County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Tell the Court About \ The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a	a brief description of	each, see <i>Notice Required by</i> age 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bar box.	nkruptcy
The chapter of the Bankruptcy Code you are	Check one. (For a (Form 2010)). Als Chapter 7 Chapter 11	a brief description of			nkruptcy
Bankruptcy Code you are	(Form 2010)). Als ■ Chapter 7 □ Chapter 11				nkruptcy
choosing to file under	☐ Chapter 11				
	_ '				
	Chapter 12				
	L Chapter 12				
	☐ Chapter 13				
How you will pay the fee	about how	you may pay. Typic	ally, if you are paying the fee yo	with the clerk's office in your local court for murself, you may pay with cash, cashier's check llf, your attorney may pay with a credit card or	k, or money
	a pre-printe		uing your payment on your bena	in, your automey may pay with a credit card or	CHECK WITH
			Ilments. If you choose this optio (Official Form 103A).	n, sign and attach the Application for Individua	als to Pay
	J		,	only if you are filing for Chapter 7. By law, a ju	udge may,
	but is not re applies to y	equired to, waive yo our family size and	ur fee, and may do so only if you you are unable to pay the fee in	ur income is less than 150% of the official pove installments). If you choose this option, you m ial Form 103B) and file it with your petition.	erty line that
Have you filed for	■ No.				
pankruptcy within the ast 8 years?	☐ Yes.				
•		t	When	Case number	
	Distric	t	When		
	Distric	t	When	Case number	
Are any bankruptcy	■ No				
iled by a spouse who is not filing this case with you, or by a business partner, or by an	☐ Yes.				
	Debto	r		Relationship to you	
		-	When	Case number, if known	
	Debto	r		Relationship to you	
	Distric	t	When	Case number, if known	
Do you rent your	■ No. Go to	o line 12.			
esidence?	☐ Yes. Has	your landlord obtain	ned an eviction judgment against	you?	
		No. Go to line 12	2.		
		Yes. Fill out <i>Initia</i>			
A Silin Monator	re any bankruptcy asses pending or being led by a spouse who is of filing this case with ou, or by a business artner, or by an ffiliate?	re any bankruptcy asses pending or being led by a spouse who is of filing this case with ou, or by a business artner, or by an ffiliate? Debto District Deb	District District District District District Postrict District District No Description No Description No Debtor District	District	District

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Der	Alan Bruce Powel	<u> </u>		Case number (if known)	
Par	Report About Any Bu	sinesses	You Own as a Sole Propr	ietor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.		
		☐ Yes.	Name and location of b	usiness	
	A sole proprietorship is a				
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a			Name of business, if an	y	
			Number, Street, City, S	tate & ZIP Code	
	separate sheet and attach it to this petition.		Check the appropriate I	box to describe your business:	
			☐ Health Care Bus	siness (as defined in 11 U.S.C. § 101(27A))	
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))	
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))	
			☐ Commodity Bro	ker (as defined in 11 U.S.C. § 101(6))	
			☐ None of the about	ve	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, folian 11 U.S.C. 1116(1)(B).			
	For a definition of small	No.	I am not filing under Ch	apter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am filing under Chapte	er 11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
Par	t 4: Report if You Own or	Have Any	y Hazardous Property or A	ny Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?		
	public health or safety? Or do you own any property that needs		If immediate attention is		
	immediate attention?		needed, why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?		
				Number, Street, City, State & Zip Code	

Debtor 1 Alan Bruce Powell

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Alan Bruce Powell				Case number (if known)		
Part	6: Answer These Quest	ions for Re	porting Purposes			
16.	What kind of debts do you have?	16a.	Are your debts primarily consuindividual primarily for a personal	umer debts? Consumer debts are defir I, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
				ess debts? Business debts are debts tent or through the operation of the busi		
			☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you owe t	hat are not consumer debts or busines:	s debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	Go to line 18.		
	Do you estimate that after any exempt property is excluded and			ou estimate that after any exempt propose to distribute to unsecured creditors?	erty is excluded and administrative expenses	
	administrative expenses are paid that funds will		■ No			
	be available for distribution to unsecured creditors?		□ Yes			
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000	
	you estimate that you owe?	☐ 50-99		☐ 5001-10,000	□ 50,001-100,000	
	owe:	1 00-19		□ 10,001-25,000	☐ More than100,000	
		□ 200-99	9			
19.	How much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$10 million		
	estimate your assets to be worth?	□ \$50,00	1 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion	
	20 11011111		01 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion	
		□ \$500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion	
20.	How much do you	□ \$0 - \$5	0,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion	
	estimate your liabilities to be?		1 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion	
		_	01 - \$500,000	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$10,000,000,001 - \$50 billion	
		\$ 500,0	01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion	
Part	7: Sign Below					
For	you	I have exa	mined this petition, and I declare	under penalty of perjury that the inform	nation provided is true and correct.	
				m aware that I may proceed, if eligible, available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.	
		document	I have obtained and read the no	eay or agree to pay someone who is not tice required by 11 U.S.C. § 342(b).		
		I request r	elief in accordance with the chap	ter of title 11, United States Code, spec	ified in this petition.	
					r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,	
			Bruce Powell	0.0000000000000000000000000000000000000		
			ce Powell of Debtor 1	Signature of Debtor		
		Executed	on January 31 2020	Executed on		
		-vernien	MM / DD / YYYY		/ DD / YYYY	

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Debtor 1	Alan Bruce Powell	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Nik Ger	ranios Attorney for Debtor	Date	January 31, 2020
Ū	,		WINT DD / TTTT
Nik Geran	ios		
Printed name			
Geranios	Law, PLLC		
Firm name			
120 Hicko	ry Street		
Suite B			
Missoula,	MT 59801		
Number, Street,	City, State & ZIP Code		
Contact phone	406 541-3565	Email address	nik@geranioslaw.com
4379 MT			
Bar number & S	tate		

					Ŭ	
Fill	in this inform	ation to identify your	case:			
Deb	otor 1	Alan Bruce Powe	II			
Deb	otor 2	First Name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States Ban	kruptcy Court for the:	DISTRICT OF MONTAN	<u>A</u>		
	se number				– 0	
(if kn	own)					k if this is an ded filing
				_		
Of	ficial For	m 106Sum				
				d Certain Statistical Information		12/15
infor	rmation. Fill o	ut all of your schedule	es first; then complete the	are filing together, both are equally responsible are information on this form. If you are filing amend the box at the top of this page.		
Part	t 1: Summa	rize Your Assets				
					Your a	essets of what you own
1.		B: Property (Official Fo			\$	415,000.00
					\$	63,704.12
			•		· —	
			on Schedule A/B		\$	478,704.12
Part	t 2: Summa	rize Your Liabilities				
						iabilities nt you owe
2.			aims Secured by Property nn A, Amount of claim, at t	(Official Form 106D) he bottom of the last page of Part 1 of <i>Schedule D</i>	\$	410,023.00
3.			Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured cla	aims) from line 6j of Schedule E/F	\$	175,691.32
				Your total liabilities	• •	585,714.32
				Tour total nashities	'L'	303,7 14.32
Part	t 3: Summa	rize Your Income and	Expenses			
4.		our Income (Official Fo		<i>I</i>	\$	5,466.74
5.	Schedule J: Y	Your Expenses (Official onthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	8,295.15
Part	t 4: Answer	These Questions for	Administrative and Statis	stical Records		
6.	•		er Chapters 7, 11, or 13? on this part of the form. Ch	neck this box and submit this form to the court with y	our other sc	hedules.
7.	■ Yes What kind of	f debt do you have?				
				lebts are those "incurred by an individual primarily fog for statistical purposes. 28 U.S.C. § 159.	r a personal	, family, or
		ebts are not primarily t with your other sched		e nothing to report on this part of the form. Check th	is box and s	submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Alan Bruce Powell

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

7,843.72

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill	n this inform	nation to identify	your case and th	is filing	:			
Deb	tor 1	Alan Bruce	Powell					
Dak	ta = 0	First Name	Middle	Name	Last Name			
	tor 2 ise, if filing)	First Name	Middle	Name	Last Name			
Unit	ed States Bar	nkruptcy Court for	the: DISTRICT	OF MO	NTANA			
Cas	e number						_	Check if this is an
Oas								Check if this is an amended filing
Off	icial For	rm 106A/E	3					
Sc	hedule	e A/B: P	roperty					12/15
think infori	it fits best. Be nation. If more er every quest	e as complete and e space is needed, tion.	accurate as possibl attach a separate si	e. If two neet to ti	only once. If an asset fits in more th married people are filing together, b his form. On the top of any additional Estate You Own or Have an Interest	oth are equally resp pages, write your	oonsible for supp	olying correct
l. Do	you own or h	ave any legal or ed	quitable interest in a	ny resid	ence, building, land, or similar prope	rty?		
	No. Go to Part	2.						
	Yes. Where is	the property?						
1.1	7125 Buck Street address, if	t horn Lane f available, or other des	scription	What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	the amour Creditors	nt of any secured o Who Have Claims	ns or exemptions. Put slaims on Schedule D: Secured by Property.
	Missoula	МТ	59808-0000		Land	entire pro	perty?	portion you own?
	City	State	ZIP Code		Investment property Timeshare		15,000.00	\$415,000.00
					Other	(such as t	fee simple, tenan	r ownership interest cy by the entireties, or
				Who	has an interest in the property? Check	one a life esta Joint te	te), if known. nant	
	Missoula				Debtor 1 only Debtor 2 only			
	County			Othe	Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about the erty identification number:	er 🗀 (see in	k if this is comm estructions) ocal	unity property
Part	Describe	ave attached for	Part 1. Write that	numbe	your entries from Part 1, includir r here		=>	\$415,000.00
Part Do y	Describe You own, leas	Your Vehicles	Part 1. Write that	numbe	r here	jistered or not?	=>	
Part Do y	Describe You own, lease one else drive	Your Vehicles e, or have legal es. If you lease a	Part 1. Write that	est in a	ny vehicles, whether they are rec	jistered or not?	=>	
Part Do y some	Describe You own, lease one else drive	Your Vehicles e, or have legal es. If you lease a	or equitable inter	est in a	ny vehicles, whether they are rec	jistered or not?	=>	<u> </u>

Official Form 106A/B Schedule A/B: Property page 1

□ No
■ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property page 2

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Best Case Bankruptcy

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

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Debtor 1	Alan Bruce	Powell	Case number (ii	f known)
				¢450.00
		Misc. men's clothing.		\$150.00
□ No		welry, costume jewelry, enga	gement rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
		Watch, wedding band.		\$200.00
Exan	farm animals nples: Dogs, cats, s. Describe	birds, horses		
		2 dogs, 1 cat		\$50.00
■ No □ Yes	s. Give specific inf	ormation of all of your entries from F	not already list, including any health aids you did no Part 3, including any entries for pages you have attac	
Part 4: D	escribe Your Finan	cial Assets		
Do you o	own or have any l	egal or equitable interest ir	n any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No		have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file yo	our petition
Exan —			ounts; certificates of deposit; shares in credit unions, bro s with the same institution, list each.	kerage houses, and other similar
□ No ■ Yes	i		Institution name:	
		17.1. Checking	First Security Bank - 3137	\$104.12
		or publicly traded stocks investment accounts with br	okerage firms, money market accounts	
		Institution or issuer	name:	
	oublicly traded st venture	ock and interests in incorp	orated and unincorporated businesses, including an	interest in an LLC, partnership, and
_	. Give specific inf	ormation about them Name of entity:	 % of ownershi	p:

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1		KOM Distributing, LLC. Business started after demise of Ace Distributing, Inc. Assets consist of old computers, office chair, etc. No inventory or accounts receivable. Mr. Powell sells a vacuum, then purchases a vacuum from a distributor, and keeps the difference, less expenses.					Case number (if known)			
							100	%	\$250.00	
	Negotia	ble instruments incl	e bonds and other no ude personal checks, s are those you canno	cashiers' che	ecks, promissory r	notes, and m	noney orders.			
l	☐ Yes. G	Give specific informa								
!	Exampl □ No		ERISA, Keogh, 401(k	k), 403(b), thr	ift savings accour	nts, or other	pension or profi	t-sharing pl	ans	
	■ Yes. L	ist each account se T	parately. Type of account:	Ins	stitution name:					
		I	RA	R	oth IRA				\$40,000.00	
	Your sh Exampl No		payments eposits you have made n landlords, prepaid re	ent, publić util		, water), tele			es, or others	
	No		periodic payment of m	noney to you,	either for life or fo	or a number	of years)			
	☐ Yes	Issuer	name and description	n.						
		in an education If . §§ 530(b)(1), 529/	RA, in an account in A(b), and 529(b)(1).	a qualified A	ABLE program, o	r under a q	ualified state to	iition prog	ram.	
	☐ Yes	Institu	tion name and descrip	ption. Separa	tely file the record	ls of any inte	erests.11 U.S.C.	§ 521(c):		
	No	•		y (other than	n anything listed	in line 1), a	nd rights or po	wers exer	cisable for your benefit	
	☐ Yes. (Give specific information	ation about them							
	Exampl ■ No		marks, trade secrets names, websites, pro				ents			
27.	License Exampl ■ No	s, franchises, and	other general intang , exclusive licenses, c		ssociation holding	s, liquor lice	nses, professio	nal licenses	5	
Мо	ney or p	roperty owed to yo	ou?						Current value of the portion you own? Do not deduct secured claims or exemptions.	
	Tax refu ■ No	ınds owed to you							s.g or oxomptions.	
ļ	☐ Yes. G	Give specific informa	ation about them, inclu	uding whether	r you already filed	the returns	and the tax yea	'S		

Official Form 106A/B Schedule A/B: Property page 4

9:	20-bk-90010-BPH	Doc#: 1	Filed: 01/31/20	Entered: 01/31/20 16:3	1:41 Page 14 of 73
Debtor 1	Alan Bruce Powell			Case number (if k	nown)
■ No			al support, child support,	maintenance, divorce settlement, pr	operty settlement
<i>Exam</i> □ No	amounts someone owes ynples: Unpaid wages, disabilibenefits; unpaid loans . Give specific information	ty insurance pa	ayments, disability benefitomeone else	s, sick pay, vacation pay, workers' c	ompensation, Social Security
		back pa assets t worth a First Se 2010 Ch but that Bank. A that is n worth a	y to Mr. Powell, but on pay him. Ace owns opprox. \$3,000 but that curity Bank of Misso evy Express Van LS is also encumbered ce Distributing also cot running because	uting, Inc., owed considerable does not have any unencumbers a 2001 Chevrolet Suburban it is encumbered by a loan with ula. Ace Distributing also own 135 worth approximately \$650 by a loan with First Security owns a 2003 Dodge Ram 2500 it needs a new transmission are oncumbered by the same loads.	red n a 0
Exam ■ No	. Name the insurance compa			A); credit, homeowner's, or renter's i Beneficiary:	nsurance Surrender or refund value:
If you some	nterest in property that is described are the beneficiary of a living one has died. . Give specific information			rance policy, or are currently entitled	
Exam ■ No	s against third parties, who apples: Accidents, employment. Describe each claim			or made a demand for payment sue	
■ No	contingent and unliquidat . Describe each claim	ed claims of e	very nature, including o	counterclaims of the debtor and rig	hts to set off claims
■ No	nancial assets you did not . Give specific information	already list			
	the dollar value of all of yo Part 4. Write that number he			entries for pages you have attache	\$57,854.12
Part 5: D	escribe Any Business-Related	Property You O	wn or Have an Interest In.	List any real estate in Part 1.	
37. Do you	own or have any legal or equi	table interest in	any business-related prop	erty?	

Official Form 106A/B Schedule A/B: Property page 5

■ No. Go to Part 6.□ Yes. Go to line 38.

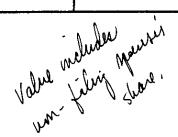
Deb	tor 1	Alan Bruce Powell		Case number (if known)	
Part		escribe Any Farm- and Commercial Fishing-Related Property You O you own or have an interest in farmland, list it in Part 1.	wn or Have an Interes	st In.	
46. I	Οο γοι	u own or have any legal or equitable interest in any farm- o	r commercial fishin	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes	s. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You I	Did Not List Above		
		u have other property of any kind you did not already list? ples: Season tickets, country club membership			
	No				
	Yes.	Give specific information			
54.		the dollar value of all of your entries from Part 7. Write that List the Totals of Each Part of this Form	number here		\$0.00
55.	Part '	1: Total real estate, line 2			\$415,000.00
56.	Part 2	2: Total vehicles, line 5	\$3,680.00	_	· · · · · · · · · · · · · · · · · · ·
57.	Part :	3: Total personal and household items, line 15	\$2,170.00		
58.	Part 4	4: Total financial assets, line 36	\$57,854.12		
59.	Part :	5: Total business-related property, line 45	\$0.00		
60.	Part (6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$63,704.12	Copy personal property total	\$63,704.12
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$478,704.12

Official Form 106A/B Schedule A/B: Property page 6

HOUSEHOLD INVENTORY LIST

Please provide the information for the items that you own. The value means how much someone would pay you for the property listed if you were to try to sell it at a yard sale or on craigslist or ebay.

Living Room	# of items	Yard Sale Value	Bed Room #1	# of items	Market Value
Sofa	1	10	Bed	1	\$ 100
Love Seat	1	150	Dresser	2	\$ 100
Recliner			Chest of Drawer	/	7 50
Side Chair			Night Stand	2	* Z0
Enter, Center	1	145	Clock		
Coffee Table		\$20	Lamp		
Bookcase			TV	/	\$ 100.00
TV	1	9 100.00	VCR/DVD		
VCR/Tapes			Other (Describe)		
DVD/DVD(s)	5	9 25.00	Other (Describe)		
Stereo	1	9 50.00	Other (Describe)		
Lamps		120			
Other (Describe)					



Bed Room #2	# of items	Market Value	Bed Room #3	# of items	Market Value
Bed	,	100	Bed	/	160
Dresser	,	50	Dresser	,	50
Chest of Drawer			Chest of Drawer		25
Night Stand			Night Stand		20
Clock			Clock		5
Lamp			Lamp		
TV	,	40	TV		100
VCR/DVD			VCR/DVD	• (75
Other (Describe)			Other (Describe)		
Other (Describe)			Other (Describe)		
Garage/Utility	# of items	Market Value	Kitchen/Dining	# of items	Market Value
Washer	,	180	Stove		50
Dryer	1 ;	100	Refrigerator		100
Freezer	1 /	50	Dishwasher	1	50
Lawn Mower	,	50	Microwave		25
Weed Eater	1	25	Toaster		5-
Blower	1	25	Blender	1	5-
Garden Tools	2	20	Pots & Pans	10	15-
Electric Tools			Dishes	70	70
Hand Tools			Glasses	10	10
Vacuum	/	50	Table/Chairs	/	50
Other (Describe)			Buffet		,
Bathroom/Linen Closet			Cooking Utensils	/	25
Towels	10	1000	Other (Describe)		
Linens	1		Other (Describe)		
Toiletries					
Other (Describe)					
Clothing (Husband)	# of items	Market Value	Clothing (Wife)	#of items	Market Value
Misc. Clothing	uisc.	150	Misc. Clothing		

Home Office	# of items	Market Value	Jewelry	#of items	Market Value
Desk			Watches barnin	1	10-
Computer			Wedding Bands	j	150-
Printer			Rings	-	
Scanner			Bracelets/Necklaces		
Other (Describe)			Earrings Mrt	***************************************	
Other (Describe)		 	Costume Jewelry		
Other (Describe)			Other (Describe)		······································
Firearms	# of items	Market Value	Pictures/Art	# of items	Market Value
Guns (Details) Gastqua	,	200	Home Interior		
Rifles (Details)	,	200	Pictures		
Other (describe)			Other (describe) MIVES	3	15000
Collections	# of items	Market Value	Sports/Hobby Equip.	# of items	Market Value
Coin Collection	 		Bikes	1	100-
Card Collection			Cameras	NA	
Stamp Collection			Ipod	NA	
Doll Collection			Pool Table	NA	
Antique Collection			Toys	NA	
Other (describe)			Music CD's	/	
Other (describe)			Cell Phones	1	50
Books			Sports Equipment	NA	
			Other (Describe)	NIX	
			Other (Describe)	MX	
Other Items Not Listed Elsewhere	# of items	Market Value		# of items	Market Value
Other (Describe)			Other		
Other (Describe)			Other		
Other (Describe)			Other		
Other (Describe)			Other	l	

No Topics

Fill in this inform	mation to identify your	case:		
Debtor 1	Alan Bruce Powe			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	DISTRICT OF MONTANA		
Case number _				D Observativity is a second
(ii known)				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
7125 Buckhorn Lane Missoula, MT 59808 Missoula County Line from <i>Schedule A/B</i> : 1.1	\$415,000.00	■ 100% of fair market value, up to any applicable statutory limit	Mont. Code Ann. §§ 70-32-104, 25-13-615
See attached Household Inventory List.	\$1,370.00		Mont. Code Ann. §
LIST. Line from <i>Schedule A/B</i> : 6.1		■ 100% of fair market value, up to any applicable statutory limit	25-13-609(1)
shotgun \$200; .22 \$200. Line from Schedule A/B: 10.1	\$400.00		Mont. Code Ann. § 25-13-609(1)
Line nom Schedule AVB. 10.1		■ 100% of fair market value, up to any applicable statutory limit	23-13-009(1)
Misc. men's clothing.	\$150.00		Mont. Code Ann. §
Line Irom Scriedule A/B. 11.1		■ 100% of fair market value, up to any applicable statutory limit	25-13-609(1)
Watch, wedding band.	\$200.00		Mont. Code Ann. § 25-13-609(1)
Line from Schedule A/B: 12.1		■ 100% of fair market value, up to any applicable statutory limit	23-13-009(1)

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Dei	otor 1 Alan Bruce Powell		Case number (if known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption.		
	2 dogs, 1 cat Line from Schedule A/B: 13.1	\$50.00		Mont. Code Ann. § 25-13-609(1)	
	Line nom Schedule A/B. 13.1		■ 100% of fair market value, up to any applicable statutory limit	23-13-003(1)	
	Checking: First Security Bank - 3137	\$104.12		Mont. Code Ann. § 25-13-614	
L	Line from Schedule A/B: 17.1		■ 100% of fair market value, up to any applicable statutory limit		
	IRA: Roth IRA	\$40,000.00		Mont. Code Ann. §	
	Line from Schedule A/B: 21.1		■ 100% of fair market value, up to any applicable statutory limit	25-13-608(1)(e)	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No	, ,		nt.)	
	☐ Yes. Did you acquire the property cover	ed by the exemption wi	thin 1,215 days before you filed this case	?	
	□ No				
	☐ Yes				

3.20 BK	30010 DI II	Docn. 1 Tiled. 01/01/2	Littere	.a. 01/01/20 1	5.51.41 Tage	21 01 70
Fill in this inform	ation to identify you	ır case:				
Debtor 1	Alan Bruce Pow	rell				
	First Name	Middle Name	Last Name		-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		-	
United States Ban	kruptcy Court for the:	DISTRICT OF MONTANA			-	
Case number(if known)						if this is an ded filing
Official Form	106D					
		Who Have Claims	Secureo	l by Propert	V	12/15
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors l	have claims secured by	y your property?				
☐ No. Check	this box and submit th	nis form to the court with your other	r schedules. Yo	ou have nothing else t	to report on this form.	
Yes Fill in	all of the information l	helow		-	•	
	Secured Claims					
			Pr	Column A	Column B	Column C
for each claim. If mo	ore than one creditor has	more than one secured claim, list the cre a particular claim, list the other creditor cal order according to the creditor's nam	s in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 First Inters	state Bank	Describe the property that secures	the claim:	\$36,184.00	\$415,000.00	\$0.00
Creditor's Name		7125 Buckhorn Lane Misson 59808 Missoula County	ula, MT	. ,		·
PO Box 30 Billings, M	918 IT 59116-0918	As of the date you file, the claim is: apply. Contingent	Check all that			
Number, Street,	City, State & Zip Code	Unliquidated				
Who owes the del	bt? Check one	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as	mortgage or sec	ured		
Debtor 2 only		car loan)	3.3.			
Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least one of th	e debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this cla		Other (including a right to offset)	Home Equi	ty Line of Credit		

Last 4 digits of account number

2533

Date debt was incurred Since 2014

Debtor 1 Alan Bruce Powell		Case number (if known)		
First Name Middle N	ame Last Name			
2.2 First Security Bank	Describe the property that secures the clai	im: \$28,000.00	\$16,452.84	\$11,547.16
Creditor's Name	Vehs owned by Ace Distrib- close biz. 2010 Chev Express Van \$490 2001 Chev Suburban\$1075; 2003 Dodge Ram 2500 \$9550; 1994 Crestliner boat and trailer \$6240. Debtor intends to reaffirm as he a his non-filing spouse are guarantors.	0;		
PO Box 4506 Missoula, MT 59806	As of the date you file, the claim is: Check a apply.	II that		
Number, Street, City, State & Zip Code	Contingent			
Who owes the debt? Check one.	☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage car loan)	ge or secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ateral for Loan		
Date debt was incurred	Last 4 digits of account number			
2.3 First Security Bank	Describe the property that secures the clai	im: \$5,800.00	\$3,680.00	\$2,120.00
Creditor's Name	1994 Crestliner V195 Sportfish Older boat with boat cover and trailer			
PO Box 4506 Missoula, MT 59806	As of the date you file, the claim is: Check a apply. Contingent	II that		
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage car loan)	ge or secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	ateral for Loan		
Date debt was incurred				

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Debtor 1 Alan Bruce Powell		Case	number (if known)			
First Name Middle Na	ame Last Name	_	-			
2.4 Nationstar Mortgage LLC	Describe the property that secures	the claim:	\$340,039.00	\$415,000.00	\$0.00	
Creditor's Name	7125 Buckhorn Lane Misso 59808 Missoula County	ula, MT				
8950 Cypress Waters Blvd. Irving, TX 75063	As of the date you file, the claim is: apply. Contingent	Check all that				
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed					
Who owes the debt? Check one. Debtor 1 only Debtor 2 only	Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan)	mortgage or secured				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)				
At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)	First Mortgage				
Date debt was incurred 12/2013	Last 4 digits of account num	ber				
Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$410,023.00 \$410,023.00						
Use this page only if you have others to be trying to collect from you for a debt you or than one creditor for any of the debts that debts in Part 1, do not fill out or submit the	we to someone else, list the creditor you listed in Part 1, list the additiona	in Part 1, and then lis	st the collection agenc	y here. Similarly, if you h	ave more	
Name, Number, Street, City, State & 2 Mr. Cooper P.O. BOX 619094 Dallas, TX 75261-9741	Zip Code		in Part 1 did you enter to	the creditor? 2.4		

						Ŭ		
Fill in this in	formation to identify your ca	ase:						
Debtor 1	Alan Bruce Powell							
DCDIOI 1	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States	Bankruptcy Court for the:	DISTRICT OF MONTANA						
Case number	r							
(if known)							this is ar	1
						amende	a filing	
Official Fo	orm 106E/F							
	e E/F: Creditors Wh	o Have Unsecur	ed Claims				12/1	5
Part 1: List 1. Do any cre No. Go Yes. 2. List all of identify wh possible, li Part 1. If m	Continuation Page to this page a number (if known). St All of Your PRIORITY Unseditors have priority unsecured to Part 2. Your priority unsecured claims. at type of claim it is. If a claim has st the claims in alphabetical order nore than one creditor holds a part planation of each type of claim, se	ecured Claims claims against you? If a creditor has more than onboth priority and nonpriority and according to the creditor's naricular claim, list the other creditor	e priority unsecured claim, nounts, list that claim here ne. If you have more than to tors in Part 3.	list the creditor separate and show both priority a wo priority unsecured cl	lly for each cla ind nonpriority aims, fill out th	aim. For ea amounts ne Continu	ach claim l . As much uation Pag	listed, as e of
				Total claim	Priority amount		Nonpriori amount	ty
2.1 IRS		Last 4 digits of a	ccount number	\$0.00		\$0.00		\$0.00
Cen Post	ty Creditor's Name tralized Insolvency Opera t Office Box 7346 adelphia, PA 19101-7346	ation When was the de	ebt incurred?		-			
	per Street City State Zip Code	As of the date yo	u file, the claim is: Check	all that apply				
Who inc	urred the debt? Check one.	☐ Contingent						
Debto	or 1 only	☐ Unliquidated						
☐ Debto	or 2 only	☐ Disputed						
☐ Debto	or 1 and Debtor 2 only	Type of PRIORIT	Y unsecured claim:					
☐ At lea	st one of the debtors and another	☐ Domestic supp	ort obligations					
☐ Chec	k if this claim is for a communit	ty debt Taxes and cer	tain other debts you owe the	e government				
Is the cla	aim subject to offset?	☐ Claims for dea	th or personal injury while y	ou were intoxicated				
■ No		☐ Other. Specify						
☐ Yes		. ,	Notice Only					

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Debtor 1 Alan Bruce Powell Case number (if known)								
2.2 Montana Departme Priority Creditor's Name	ent of Revenue La	ast 4 digits of account number	\$0.00	\$0.00	\$0.00			
Bankruptcy Progra P.O. Box 7701 Helena, MT 59604-		hen was the debt incurred?						
Number Street City State		s of the date you file, the claim is: Check all	that apply					
Who incurred the debt? Ch	eck one.	Contingent						
Debtor 1 only		Unliquidated						
Debtor 2 only	☐ Debtor 2 only ☐ Disputed							
Debtor 1 and Debtor 2 on	ly Ty	/pe of PRIORITY unsecured claim:						
☐ At least one of the debtor	_	Domestic support obligations						
☐ Check if this claim is fo	r a community debt	Taxes and certain other debts you owe the g	overnment					
Is the claim subject to offse	et? E	Claims for death or personal injury while you	were intoxicated					
No		Other. Specify						
☐ Yes		Notice only						
unsecured claim, list the credit	or separately for each claim.	habetical order of the creditor who holds ea For each claim listed, identify what type of cla ditors in Part 3.If you have more than three nor	im it is. Do not list claims alr	eady included in Part	1. If more			
				Total claim				
4.1 ABC/Amega		Last 4 digits of account number			\$0.00			
Nonpriority Creditor's Nar 500 Seneca Street, Buffalo, NY 14204-	Suite 400	When was the debt incurred?						
Number Street City State		As of the date you file, the claim is: Check	all that apply					
Who incurred the debt?	Check one.							
■ Debtor 1 only		☐ Contingent						
☐ Debtor 2 only ☐ Unliquidated								
☐ Debtor 1 and Debtor 2 only ☐ Disputed								
☐ At least one of the deb	otors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is	for a community	Student loans						
debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims								
No		☐ Debts to pension or profit-sharing plans, a	and other similar debts					
☐ Yes		■ Other. Specify Collection-Duplicate						

Debtor	Alan Bruce Powell	Case number (if known)				
4.2	ADT Security Services	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name		Ψσ.σσ			
	306 Railroad St.	When was the debt incurred?				
	Missoula, MT 59802					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Services - Duplicate				
4.3	American Express	Last 4 digits of account number	\$20,000.00			
	Nonpriority Creditor's Name		· ,			
	PO Box 981535	When was the debt incurred? Since 2012				
	El Paso, TX 79998 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	_				
	_	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit card purchases				
4.4	Bank of America	Last 4 digits of account number	\$10,995.00			
	Nonpriority Creditor's Name					
	PO Box 982238	When was the debt incurred? Since 7/2004				
	EI Paso, TX 79998-2238 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	The of the date year me, the stann is. Sheak an that apply				
	■ Debtor 1 only	☐ Contingent				
	•					
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	Student loans				
	debt	Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Credit card purchases				

Debto	Alan Bruce Powell	Case number (if known)				
4.5	Bank of America	Last 4 digits of account number	\$14,031.00			
	Nonpriority Creditor's Name PO Box 982238	When was the debt incurred? Since 5/1994				
	El Paso, TX 79998-2238 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	Contingent				
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed				
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured claim: ☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit card purchases				
4.6	Capital One/Cabellas	Last 4 digits of account number	\$6,489.00			
	Nonpriority Creditor's Name P.O. Box 3021 Salt Lake City, UT 83130	When was the debt incurred? Since 9/2016				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit card purchases				
4.7	Carol Bridges, MD	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name 2819 Great Northern Loop Missoula, MT 59808	When was the debt incurred?				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	Other Specify Medical- duplicate				

Debto	r 1 Alan Bruce Powell	Case number (if known)			
4.8	Chase Card Services	Last 4 digits of account number	Various	\$16,688.00	
	Nonpriority Creditor's Name PO Box 15369	When was the debt incurred?	Since 12/1995 and 3/2017		
	Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes	Other. Specify Credit card	purchases		
4.9	Citicards CBNA	Last 4 digits of account number	Various	\$19,360.00	
	Nonpriority Creditor's Name P.O. Box 6241	When was the debt incurred?	Since 5/1999 and 6/2016		
	Sioux Falls, SD 57117 Number Street City State Zip Code	As of the date you file, the claim			
	Who incurred the debt? Check one.	•			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts		
	□ Yes	Other Specify Credit card	purchases		
4.1	0 111 = 1 110			40.7	
0	Credit First, NA Nonpriority Creditor's Name	Last 4 digits of account number		\$647.00	
	P.O. Box 81315 Cleveland, OH 44181-0315	When was the debt incurred?	Since 7/2016		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Πvas	Other County Credit card	nurchases		

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Debt	or 1 Alan Bruce Powell	Case number (if known)				
4.1	Fi vi Over ite Boot		400.054.04			
1	First Security Bank Nonpriority Creditor's Name	Last 4 digits of account number	\$39,954.91			
	PO Box 4506 Missoula, MT 59806	When was the debt incurred? 1/2014				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	_	The now defunct Ace Distributing, Inc., owed considerable back pay to Mr. Powell, but does not have any unencumbered				
	☐ Yes	Other. Specify assets to pay him.				
4.1 2	International Heart Institute	Last 4 digits of account number	\$0.00			
	Nonpriority Creditor's Name 500 W Broadway	When was the debt incurred?				
	Ste 320					
	Missoula, MT 59802 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	,				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Medical - duplicate				
4.1	11		***			
3	Johnson Controls Nonpriority Creditor's Name	Last 4 digits of account number	\$300.00			
	1620 Regent Street Missoula, MT 59801	When was the debt incurred? 2018				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.	_				
	■ Debtor 1 only	Contingent				
	☐ Debtor 2 only	Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans				
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	☐ Yes	■ Other. Specify Services				

or 1 Alan Bruce Powell		Case number (if known)				
Dravidanas Dvainas	Office		20.00			
Providence Business	Опісе	Last 4 digits of account number	\$0.00			
Nonpriority Creditor's Name P.O. Box 3177		When was the debt incurred?				
Portland, OR 97208-3	177					
Number Street City State Zip	Code	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Ch	eck one.					
Debtor 1 only		☐ Contingent				
Debtor 2 only		☐ Unliquidated				
Debtor 1 and Debtor 2 or	ly	☐ Disputed				
☐ At least one of the debtor	s and another	Type of NONPRIORITY unsecured claim:				
☐ Check if this claim is fo	r a community	☐ Student loans				
debt		☐ Obligations arising out of a separation agreement or divorce that you did not				
Is the claim subject to offs	et?	report as priority claims				
No		Debts to pension or profit-sharing plans, and other similar debts				
Yes		Other. Specify Collection-Medical				
Radius Global Soluti	ons		\$0.00			
Nonpriority Creditor's Name		Last 4 digits of account number				
7831 Glenroy Rd., ste	250-A	When was the debt incurred?				
Minneapolis, MN 554						
Number Street City State Zip Who incurred the debt? Ch		As of the date you file, the claim is: Check all that apply				
_	eck one.					
Debtor 1 only		Contingent				
Debtor 2 only		Unliquidated				
Debtor 1 and Debtor 2 or	ly	☐ Disputed				
At least one of the debtor	s and another	Type of NONPRIORITY unsecured claim:				
Check if this claim is fo	r a community	☐ Student loans				
debt Is the claim subject to offs	at?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
No		☐ Debts to pension or profit-sharing plans, and other similar debts				
☐ Yes		■ Other. Specify Collection-Duplicate				
Rodenburg Law Firm	l.	Last 4 digits of account number	\$0.00			
Nonpriority Creditor's Name						
300 NP Ave. N, ste 10)5	When was the debt incurred?				
Fargo, ND 58108 Number Street City State Zip	Codo	As of the date you file, the claim is: Check all that apply				
Who incurred the debt? Ch		As of the date you me, the claim is. Check an that apply				
■ Debtor 1 only		☐ Contingent				
Debtor 1 only Debtor 2 only						
	h.,	☐ Unliquidated				
Debtor 1 and Debtor 2 or	-	☐ Disputed Type of NONPRIORITY unsecured claim:				
At least one of the debtor		Student loans				
☐ Check if this claim is fo debt	r a community	_ ````				
Is the claim subject to offs	et?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
■ No		☐ Debts to pension or profit-sharing plans, and other similar debts				
☐ Yes		■ Other. Specify Collection-Duplicate				
□ 162		other. Specify Officeron-Duplicate				

Debto	Alan Bruce Powell	Case number (if known)			
4.1	St. Patrick Hospital	Last 4 digits of account number	\$5,151.48		
	Nonpriority Creditor's Name 500 West Broadway Missoula, MT 59802	When was the debt incurred? Since 11/2018			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐	□ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts			
	■ No □ Yes	Other. Specify Medical			
4.1	Syncb/Paypal	Last 4 digits of account number	\$3,858.00		
	Nonpriority Creditor's Name P.O. Box 965005 Orlando, FL 32896-5003	When was the debt incurred? Since 7/2018			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit card purchases			
4.1	Wells Fargo Business Card	Last 4 digits of account number 3140	\$38,033.93		
	Nonpriority Creditor's Name P.O. BOX 29482 Phoenix, AZ 85038-8650 Number Street City State Zip Code Who incurred the debt? Check one.	When was the debt incurred? Since 2010 As of the date you file, the claim is: Check all that apply			
	Debtor 2 only	☐ Contingent ☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans			
	debt Is the claim subject to offset? ■ No	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	■ Other. Specify Credit card purchases			

	Case number (if known)	
Last 4 digits of account number	r	\$
_		
When was the debt incurred?	Since 5/2019	
As of the date you file, the claim	is: Check all that apply	
☐ Contingent		
☐ Unliquidated		
☐ Disputed		
Type of NONPRIORITY unsecure	ed claim:	
☐ Student loans		
☐ Obligations arising out of a ser	paration agreement or divorce that you did not	
report as priority claims	•	
Debts to pension or profit-shar	ing plans, and other similar debts	
■ Other, Specify Medical		
	When was the debt incurred? As of the date you file, the clain Contingent Unliquidated Disputed Type of NONPRIORITY unsecur Student loans Obligations arising out of a sereport as priority claims Debts to pension or profit-share	Last 4 digits of account number When was the debt incurred? Since 5/2019 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		0.00
		you did not report as priority claims	6g.	\$
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 175,691.32
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 175,691.32

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Fill in this information to identify your case:					
Debtor 1	Alan Bruce Powe	II			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	DISTRICT OF MONTAN	JA .		
Case number _					☐ Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Name				
	Number	Street			<u>=</u>
	City		State	ZIP Code	_
2.2					
	Name				_
	Name				
	Number	Street			_
		0001			
	City		State	ZIP Code	_
2.2	Oity		Otate	Zii Code	
2.3					_
	Name				
	NI	Otan at			_
	Number	Street			
					_
	City		State	ZIP Code	
2.4					
	Name				_
					<u>_</u>
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
	Oity		Otate	Zii Code	

Fill in th	nis information to identify your			
Debtor '	1 Alan Bruce Powe	·II		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if,		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	DISTRICT OF MONTAN	IA	
Case nu	ımher			
(if known)				☐ Check if this is an amended filing
	al Form 106H			
Sche	edule H: Your Cod	ebtors		12/15
2. V Ariz	Vithin the last 8 years, have you cona, California, Idaho, Louisiana No. Go to line 3. Ves. Did your spouse, former spouse, fo	I lived in a community pro Nevada, New Mexico, Puo use, or legal equivalent live ors. Do not include your f that person is a guarant	operty state or territory? (erto Rico, Texas, Washingto with you at the time? spouse as a codebtor if you	Community property states and territories include on, and Wisconsin.) our spouse is filing with you. List the person shown
	m 106D), Schedule E/F (Officia Column 2.	Form 106E/F), or Schedu	ıle G (Official Form 106G)	. Use Schedule D, Schedule E/F, or Schedule G to fi
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Ace Distributing, Inc. 1018 Burlington Ave. Missoula, MT 59801			□ Schedule D, line ■ Schedule E/F, line4.19 □ Schedule G Wells Fargo Business Card
3.2	Ace Distributing, Inc. 1018 Burlington Ave. Ste 100B Missoula, MT 59801-5666			□ Schedule D, line ■ Schedule E/F, line4.11 □ Schedule G First Security Bank
3.3	Ace Distributing, Inc. 1018 Burlington Ave. Missoula, MT 59801			☐ Schedule D, line ■ Schedule E/F, line4.3 ☐ Schedule G American Express

Schedule H: Your Codebtors

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Debtor 1	Alan Bruce Powell	Case number (if known)		
	Additional Page to List More Codebtors			
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:		
3.4	Cathryn Powell 7125 Buckhorn Lane Missoula, MT 59808	■ Schedule D, line □ Schedule E/F, line □ Schedule G First Security Bank		
3.5	Cathryn Powell 7125 Buckhorn Lane Missoula, MT 59808	☐ Schedule D, line ■ Schedule E/F, line4.11 ☐ Schedule G First Security Bank		
3.6	Cathryn Powell 7125 Buckhorn Lane Missoula, MT 59808	■ Schedule D, line □ Schedule E/F, line □ Schedule G First Security Bank		

Fill in this informa	tion to identify your case:	
Debtor 1	Alan Bruce Powell	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: DISTRICT OF MONTANA	
Case number (If known)		Check if this is: An amended filing A supplement showing postpetition chapte
Official Fo	orm 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1: Describe Employment				
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filling spouse
	If you have more than one job, attach a separate page with	Employment status	_	ployed	■ Employed
	information about additional employers.	Occupation	Sales	t employed	☐ Not employed Owner - Msla Women's Healthcare
	Include part-time, seasonal, or self-employed work.	Employer's name	KOM Distributing, LLC		Missoula Women's Healthcare
	Occupation may include student or homemaker, if it applies.	Employer's address	1018 Burlington, Suite 100 Missoula, MT 59801		
		How long employed th	nere?	6 months.	
Part 2: Give Details About Monthly Income					

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

For Debtor 1 For Debtor 2 or non-filing spouse 0.00 5,000.00 3. 0.00 0.00 0.00 5,000.00

Schedule I: Your Income Official Form 106I page 1

Debt	or 1 _	Alan Bruce Powell		Case n	umber (<i>if known</i>)			
				For [Debtor 1	For	Debtor 2 or	
							-filing spouse	
	Copy	y line 4 here	4.	\$	0.00	\$_	5,000.00	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	964.50	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$_	0.00	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	-
	5e.	Insurance	5e.	\$	0.00	\$	0.00	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	-
	5g.	Union dues	5g.	\$	0.00	\$	0.00	-
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	964.50	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	4,035.50	_
8.	List a	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	-472.76	¢	1 640 75	
	8b.	Interest and dividends	8b.	\$—	0.00	\$_ \$	1,649.75 0.00	
	8c.	Family support payments that you, a non-filing spouse, or a depende		Ψ	0.00	Ψ_	0.00	-
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$_	0.00	_
	8e.	Social Security	8e.	\$	0.00	\$	0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	_
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
		Avg State tax refund (based on		_	0.00	_	054.05	
	8h.	Other monthly income. Specify: 2018)	8h.+	* \$	0.00	+ \$_	254.25	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	-472.76	\$	1,904.00	D
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		-472.76 + \$	5.0	939.50 = \$	5.466.74
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-	-112.110	٠,٠	-	0,400.74
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00			0.00				
12.		the amount in the last column of line 10 to the amount in line 11. The re that amount on the Summary of Schedules and Statistical Summary of Certies					12. \$	
13	Dov	ou expect an increase or decrease within the year after you file this for	m?				monthl	y income
10.	■	No.						
		Yes. Explain:						

	Jul 19
Ordinary Income/Expense Income Sales Kirby and Accessories Parts and Supplies	1,500.00 63.54
Total Sales	1,563.54
Total Income	1,563.54
Gross Profit	1,563.54
Expense Payroli Expenses Unemployment ins. Div.	11.75
Total Payroll Expenses	11.75
Rent Expense	1,095.00
Total Expense	1,106.75
Net Ordinary Income	456.79
Net Income	456.79

	Aug 19
Ordinary Income/Expense Income	
Sales Kirby and Accessories Parts and Supplies	2,168.50 2,242.07
Total Sales	4,410.57
Total Income	4,410.57
Cost of Goods Sold Cost of Goods Sold Kirby and Accessories Parts and Supplies	2,944.75 1,104.21
Total Cost of Goods Sold	4,048.96
Total COGS	4,048.96
Gross Profit	361.61
Expense Advertising and Promotion	88.84
Auto and Truck Expenses	70.00
Bank Service Charges Commissions	2.00 306.50
Entertainment	580.68
Freight Out-going	14.70
Total Freight	14.70
Office Supplies Payroll Expenses Wages Peterson, Dessa Powell, Alan B	214.47 743.20 782.77
Total Wages	1,525.97
Total Payroll Expenses	1,525.97
Professional Fees Bookkeeping Professional Fees - Other	200.00 71.80
Total Professional Fees	271.80
Rent Expense Repairs and Maintenance Telephone Expense Travel and Entertainmen Expense	1,095.00 67.95 235.00
Airline flights Travel and Entertainmen Expense - Other	-242.80 184.86
Total Travel and Entertainmen Expense	-57.94
Total Expense	4,414.97
Net Ordinary Income	-4,053.36
Net Income	-4,053.36
190 Hooms	

September 2019

	Sep 19
Ordinary Income/Expense	
Income	
Sales Kirby and Accessories	14,356.97 1,864.27
Parts and Supplies	
Total Sales	16,221.24
Total Income	16,221.24
Cost of Goods Sold	
Cost of Goods Sold	875.19
Parts and Supplies	
Total Cost of Goods Sold	875.19
Refunds and Rebates	3,887.22
Total COGS	4,762.41
Gross Profit	11,458.83
Expense Advertising and Promotion	86.10
Auto and Truck Expenses	393.29
Automobile Fuel Auto and Truck Expenses - Other	42.83
Total Auto and Truck Expenses	436.12
Bank Service Charges	-134.47
Commissions	1,551.93
Entertainment	621.73
Freight	32.70
Out-going	
Total Freight	32.70
Insurance Expense	100.00
Vehicle	133.92 181.43
Insurance Expense - Other	
Total Insurance Expense	315.35
Medical	17.99
Miscellaneous	30.00 285.58
Office Supplies	203.00
Payroll Expenses	621.61
Federal State Withholding	112.00
Wages	
Elizabeth Settle	371.71
Peterson, Dessa	428.54
Powell, Alan B	250.00
Sheryce Vincent	181.52
Wages - Other	460.42
Total Wages	1,692.19
Total Payroll Expenses	2,425.80
Rent Expense	1,095.00
Repairs and Maintenance Telephone Expense	50.25 423.60

September 2019

	Sep 19
Travel and Entertainmen Expense	
Automobile Fuel	60.91
Lodging	64 1.09
Travel and Entertainmen Expense - Other	1,144.69
Total Travel and Entertainmen Expense	1,846.69
Total Expense	9,084.37
Net Ordinary Income	2,374.46
Net income	2,374.46

October 2019

	Oct 19
Ordinary Income/Expense	
Income	
Sales	40.907.22
Kirby and Accessories	10,897.32 1,882.27
Parts and Supplies	1,002.27
Total Sales	12,779.59
Total Income	12,779.59
Cost of Goods Sold	
Cost of Goods Sold	
Kirby and Accessories	3,038.38
Parts and Supplies	400.25
Total Cost of Goods Sold	3,438.63
Total COGS	3,438.63
Gross Profit	9,340.96
Expense	
Advertising and Promotion	
Ads	30.00
Advertising and Promotion - Other	219.17
Total Advertising and Promotion	249.17
Auto and Truck Expenses	
Automobile Fuel	387.96
Oil Change	38.24
Total Auto and Truck Expenses	426.20
Bank Service Charges	2.00
Commissions	2,947.46
Entertainment	
Meals	128.00
Entertainment - Other	596.79
Total Entertainment	724.79
Freight	
Out-going	96.33
	96.33
Total Freight	••••
Insurance Expense	496.00
Health	22.66
Personal	362.03
Vehicle Insurance Expense - Other	150.70
Total Insurance Expense	1,031.39
•	128.47
Medical	15.38
Miscellaneous	71.89
Office Supplies Payroll Expenses	
Federal	720.87
State Withholding	116.00
Wages	
Elizabeth Settle	133.91
Peterson, Dessa	1,040.43
Powell, Alan B	250.00
Total Wages	1,424.34
Total Payroll Expenses	2,261.21

October 2019

	Oct 19
Professional Fees	
Accounting	297.00
Bookkeeping	350.00
Total Professional Fees	647.00
Rent Expense	1,355.00
Travel and Entertainmen Expense	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Airline flights	660.00
Banquets	55.00
Lodging	928.71
Travel and Entertainmen Expense - Other	183.90
Total Travel and Entertainmen Expense	1,827.61
Total Expense	11,783.90
Net Ordinary Income	-2,442.94
Net Income	-2,442.94

November 2019

	Nov 19
Ordinary Income/Expense	
Income	
Sales Kirby and Accessories	15,640.82
Parts and Supplies	1,383.61
Total Sales	17,024.43
Total Income	17,024.43
Cost of Goods Sold	
Cost of Goods Sold	
Kirby and Accessories	2,964.25
Parts and Supplies	538.67
Total Cost of Goods Sold	3,502.92
Freight Costs	54.4 5
Out-going	51.15
Total Freight Costs	51.15
Refunds and Rebates	189.67
Total COGS	3,743.74
Gross Profit	13,280.69
Expense	
Advertising and Promotion	30.00
Auto and Truck Expenses	440.00
Automobile Fuel	412.92 56.35
Auto and Truck Expenses - Other	
Total Auto and Truck Expenses	469.27
Bank Service Charges	10.00 40.00
Business License	2,839.50
Commissions	,
Contributions	210.00
Entertainment	242.25
Meals Entertainment - Other	395.85
	638.10
Total Entertainment	030.10
Freight Out-going	21.19
Total Freight	21.19
Insurance Expense Life Insurance	75.35
Personal	11.33
Total Insurance Expense	86.68
Licenses	70.00
Medical	4.88
Memberships and Dues	129.35 215.61
Office Supplies	213.01
Payroll Expenses Federal	954.46
Wages	
Peterson, Dessa	806.95
Powell, Alan B	1,565.54
Walczak, Debra	43.64
Total Wages	2,416.13

KOM Distributing LLC. Profit & Loss November 2019

	Nov 19
Payroll Expenses - Other	3.78
Total Payroll Expenses	3,374.37
Professional Fees Bookkeeping	150.00
Total Professional Fees	150.00
Rent Expense Repairs and Maintenance Telephone Expense Travel and Entertainmen Expense	1,325.00 32.98 270.00 2.00
Total Expense	9,918.93
Net Ordinary Income	3,361.76
Net income	3,361.76

December 2019

	Dec 19
Ordinary Income/Expense	
Income Sales	
Parts and Supplies	571.07
Total Sales	571.07
Total Income	571.07
Cost of Goods Sold	
Cost of Goods Sold	
Parts and Supplies	156.57
Total Cost of Goods Sold	156.57
Total COGS	156.57
Gross Profit	414.50
Expense	
Advertising and Promotion Preminums	131.13
Total Advertising and Promotion	131.13
Auto and Truck Expenses	
Automobile Fuel	60.01
Total Auto and Truck Expenses	60.01
Commissions	568.96
Entertainment	
Meals	51.38
Total Entertainment	51.38
Insurance Expense	
Vehicle	176.46
Total Insurance Expense	176.46
Medical	248.00
Office Supplies	2.12
Payroll Expenses Federal	258.71
State Withholding	34.00
Total Payroll Expenses	292.71
Rent Expense	1,095.00
Telephone Expense	307.00
Travel and Entertainmen Expense	15.00
Total Expense	2,947.77
Net Ordinary Income	-2,533.27
t Income	-2,533.27

12:41 PM 01/03/20 Accrual Basis

Missoula Womens Healthcare Profit & Loss July 2019

	Jul 19
Income	
Patient Fees Refunds	13,676.5
	-253.69
Rent Income	1,000.00
Total Income	14,422.8
Gross Profit	14,422.88
Expense	
401 K	250.00
Bank Service Charges	90.14
Business Licenses and Permits	43.12
Computer Equipment	18.99
Contracted Labor	70.00
Donation	361.46
EHR (Electronic Medical Record)	399.00
Meals and Entertainment	738.57
Medical Insurance (personal)	287.46
Medical Supplies	885.49
Office Supplies	236.08
Payroll Expenses	
Federal -941	1,619.50
State Withholding Tax	332.00
Unemployment Ins. Div.	120.00
Wages-Toni Lavoie	2,072.76
Wages -Cathy Powell	4,049.50
WORK COMP	43.12
Total Payroll Expenses	8,236.88
Postage & Shipping	33.00
Rent Expense	311.33
Telephone Expense	339.37
Travel Expense	50.99
Utilities	79.59
Total Expense	12,4 31.47
Income	1,991.41

12:41 PM 01/03/20 Accrual Basis

Missoula Womens Healthcare Profit & Loss

June 2019

	Jun 19
Income	
Patient Fees	12,056.83
Refunds	7.42
Rent Income	1,000.00
Total Income	13,064.25
Gross Profit	13,064.25
Expense	
401 K	250.00
Advertising and Promotion	
Facebook	25.00
Total Advertising and Promotion	25.00
Bank Service Charges	125.37
Computer Equipment	249.99
Continuing Education	250.00
Donation	125.50
EHR (Electronic Medical Record)	399.00
Meals and Entertainment Medical Insurance (personal)	16.25 143.73
Medical Supplies Office Supplies Payroll Expenses	424.55 48.00
Federal -941	4.040.50
State Withholding Tax	1,619.50 332.00
Wages-Toni Lavoie	2.072.76
Wages -Cathy Powell	4,049.50
Total Payroll Expenses	8,073.76
Professional Fees	
Bookkeeping & Tax Prep	1,000.00
Total Professional Fees	1,000.00
Rent Expense	311.33
Telephone Expense	339.37
Travel Expense	73.94
Utilities	99.86
Total Expense	11,955.65
Income	1,108.60
	1,100.00

12:43 PM 01/03/20 Accrual Basis

Missoula Womens Healthcare Profit & Loss August 2019

	Aug 19
Income	
Patient Fees	16,225.6
Rent Income	1,000.00
Total Income	17,225.65
Gross Profit	17,225.68
Expense	
401 K	250.00
Bank Service Charges	250.00
Computer/Internet Repairs	94.65
Continuing Education	13.00
Contracted Labor	500.00 500.00
Donation	
EHR (Electronic Medical Record)	189.50
Meals and Entertainment	399.00
Medical Malpractice Insurance	571.03
Medical Supplies	2.34
Office Expense	1,872.41
Office Supplies	119.02
Payroll Expenses	38.96
Federal -941	4.040.00
State Withholding Tax	1,619.50
Wages-Toni Lavole	332.00
Wages -Cathy Powell	3,109.14
	6,074.25
Total Payroll Expenses	11,134.89
Professional Fees Bookkeeping & Tax Prep	
	180.00
Total Professional Fees	180.00
Rent Expense	311.33
Telephone Expense	340.70
Utilities	89.75
Total Expense	16,606.58
Income	619.07

10:08 AM 12/05/19 Accrual Basis

Missoula Womens Healthcare Profit & Loss September 2019

	Sep 19
Income	
Patient Fees	17,154.66
Total Income	17,154.66
Gross Profit	17,154.66
Expense	
401 K	500.00
Bank Service Charges	93.33
Computer/Internet Repairs	13.00
Continuing Education	250.00
Donation	165.50
EHR (Electronic Medical Record)	399.00
Meals and Entertainment	334.20
Medical Insurance (personal)	287.46
Medical Malpractice Insurance	2,395.00
Office Supplies	98.23
Payroli Expenses	
Federal -941	2,429,25
State Withholding Tax	498.00
Wages-Toni Lavoie	2,072.76
Wages -Cathy Powell	4,049.50
Total Payroll Expenses	9,049.51
Postage & Shipping	61.95
Professional Gifts	45.99
Telephone Expense	349.37
Utilities	92.36
Total Expense	14,134.90
Net Income	3,019.76

10:08 AM 12/05/19 Accrual Basis

Missoula Womens Healthcare Profit & Loss October 2019

	Oct 19
Income	
Patient Fees	16,450.33
Refunds	-403.00
Total Income	16,047.33
Gross Profit	16,047.33
Expense	
401 K	500.00
Bank Service Charges	305.12
Building Insurance	820.00
Computer Equipment	61.92
Computer/Internet Repairs	13.00
Continuing Education	250.00
Donation	125.50
EHR (Electronic Medical Record)	399.00
Meals and Entertainment	756.10
Medical Insurance (personal)	143.73
Medical Supplies	405.99
Office Expense	16.85
Office Supplies	26.50
Payroll Expenses	
Federal -941	1,619.50
State Withholding Tax	332.00
Wages-Toni Lavoie	2,072.76
Wages -Cathy Powell	4,049.50
WORK COMP	379.96
Total Payroll Expenses	8,453.72
Postage & Shipping	61.95
Rent Expense	311.33
Telephone Expense	351.48
Utilities	77.13
Total Expense	13,079.32
let Income	2,968.01

1:15 PM 12/05/19 Accrual Basis

Missoula Womens Healthcare Profit & Loss

November 2019

	Nov 19
Income	
Patient Fees	16,936.67
Total Income	16,936.67
Gross Profit	16,936.67
Expense	
401 K	500.00
Bank Service Charges	102.03
Business Licenses and Permits	140.00
Computer/Internet Repairs	15.00
Continuing Education	250.00
Donation	247.30
Meals and Entertainment	404.61
Medical Supplies	916.12
Office Expense	16.85
Office Supplies	185.83
Payroll Expenses	
Federal -941	1,619.50
State Withholding Tax	332.00
Wages-Toni Lavoie	2,072.76
Wages -Cathy Powell	4,049.50
Total Payroll Expenses	8,073.76
Postage & Shipping	61.95
Professional Fees	1,607.04
Rent Expense	311.33
Telephone Expense	351.48
Utilities	101.35
Total Expense	13,284.65
et Income	3,652.02

11:30 AM 01/29/20 Accrual Basis

Missoula Womens Healthcare Profit & Loss

December 2019

Income		Dec 19
Rent Income 1,000.00 sales 2,493.22 Total Income 20,003.17 Gross Profit 20,003.17 Expense 401 K 401 K 500.00 Advertising and Promotion 300.00 Bank Service Charges 9.7.21 Building Repairs and Maint 3,605.94 Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 788.00 Meals and Entertainment 864.00 Medical Supplies 106.66 Office Expense 556.95 Office Supplies 656.95 Office Supplies 689.85 Payroli Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 <	Income	
sales 2,493.22 Total Income 20,003.17 Gross Profit 20,003.17 Expense 401 K 401 K 500.00 Advertising and Promotion 300.00 Bank Service Charges 97.21 Building Repairs and Maint 3,605.94 Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Medical Insurance (personal) 276.92 Medical Insurance (personal) 276.92 Medical Supplies 556.65 Office Expense 556.65 Office Supplies 689.87 Payroll Expenses 106.66 Office Supplies 332.00 Wages-Toni Lavole 3,109.14 Wages-Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 25.46.61	Patient Fees	16,509.95
Total Income 20,003.17 Gross Profit 20,003.17 Expense 401 K 500.00 Advertising and Promotion 300.00 Bank Service Charges 97.21 Building Repairs and Maint 3,605.94 Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Mesis and Entertainment 864.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 556.66 Office Supplies 566.65 Office Supplies 589.87 Payroll Expenses 589.87 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages-Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone	Rent Income	1,000.00
Gross Profit 20,003.17 Expense 401 K Advertising and Promotion 300.00 Bank Service Charges 97.21 Building Repairs and Maint 3,605.94 Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meals and Entertainment 354.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 556.65 Office Supplies 689.87 Payroll Expenses 689.87 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 62.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.	sales	2,493.22
Expense 401 K 500.00 Advertising and Promotion 300.00 Bank Service Charges 97.21 Building Repairs and Maint 3,605.94 Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meats and Entertainment 864.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.87 Payroli Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages-Toni Lavole 3,109.14 Wages-Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Total Income	20,003.17
401 K 500.00 Advertising and Promotion 300.00 Bank Service Charges 97.21 Building Repairs and Maint 3,605.94 Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meals and Entertainment 864.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.87 Payroli Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages-Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Gross Profit	20,003.17
Advertising and Promotion 300.00 Bank Service Charges 97.21 Building Repairs and Maint 3,605.94 Computer/Internet Repaire 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meats and Entertainment 864.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.61 Payroli Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages-Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Expense	
Bank Service Charges 97.21 Building Repairs and Maint 3,605.94 Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meals and Entertainment 864.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.66 Office Supplies 689.67 Payroli Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages-Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	401 K	500.00
Building Repairs and Maint 3,605.94 Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meals and Entertainment 864.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.67 Payroll Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages-Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Advertising and Promotion	300.00
Computer/Internet Repairs 37.99 Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meals and Entertainment 854.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.05 Office Supplies 689.81 Payroll Expenses 332.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Bank Service Charges	 -
Continuing Education 500.00 Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meats and Entertainment 854.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.57 Payroli Expenses 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 361.48 Utilities 129.19 Total Expense 22,354.61		-,
Contracted Labor 1,500.00 Donation 125.50 EHR (Electronic Medical Record) 798.00 Meals and Entertainment 854.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.87 Payroli Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payrol! Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 361.48 Utilities 129.19 Total Expense 22,354.61		
Donation 125.50 EHR (Electronic Medical Record) 798.00 Mests and Entertainment 854.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656e.5 Office Supplies 689.57 Payroll Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61		
EHR (Electronic Medical Record) 798.00 Meats and Entertainment 854.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.95 Office Supplies 689.57 Payroli Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Contracted Labor	1,500.00
Meals and Entertainment 854.00 Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.67 Payroli Expenses 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Donation	125.50
Medical Insurance (personal) 276.92 Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.67 Payroli Expenses 1,625.00 Federal -941 332.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61		798.00
Medical Supplies 106.66 Office Expense 656.65 Office Supplies 689.67 Payroli Expenses 1,625.00 Federal -941 332.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Meals and Entertainment	854.00
Office Expense 656 65 689.57 Office Supplies 689.57 Payroll Expenses 1,625.00 Federal -941 332.00 State Withholding Tax 3,109.14 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Medical Insurance (personal)	276.92
Office Supplies 689.67 Payroll Expenses 1,625.00 Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Medical Supplies	
Payroll Expenses 1,625.00 Federal -941 332.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61		
Federal -941 1,625.00 State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61		689.87
State Withholding Tax 332.00 Wages-Toni Lavole 3,109.14 Wages - Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61		
Wages-Toni Lavole Wages - Cathy Powell 3,109.14 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping Rent Expense 622.66 Telephone Expense 351.48 Utilities Total Expense 22,354.61		
Wages -Cathy Powell 6,074.25 Total Payroll Expenses 11,140.39 Postage & Shipping Rent Expense 61.95 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61		
Total Payroll Expenses 11,140.39 Postage & Shipping Rent Expense 61.95 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61		• • • • • • • • • • • • • • • • • • • •
Postage & Shipping 61.95 Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Wages -Cathy Powell	6,074.25
Rent Expense 622.66 Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61	Total Payroll Expenses	11,140.39
Telephone Expense 351.48 Utilities 129.19 Total Expense 22,354.61		
Utilities 129.19 Total Expense 22,354.61	Rent Expense	622.66
Total Expense 22,354.61		
	Utilities	129.19
Net Income -2,351.44	Total Expense	22,354.61
	Net Income	-2,351.44

	in this informa	tion to identify							
	in this informa	tion to identify yo	our case.						
Deb	tor 1	Alan Bruce F	Powell			Check if this is:			
Deb	tor 2						An amended filing	ving postpetition chapter	
	ouse, if filing)						13 expenses as of		
Unite	ed States Bankr	uptcy Court for the	: DISTRI	CT OF MONTANA		MM / DD / YYYY			
!	e number nown)								
Of	fficial Fo	rm 106J							
Sc	chedule	J: Your	Exper	ises				12/15	
Be a info nun	as complete a ormation. If m mber (if know	and accurate as ore space is ne n). Answer ever	possible. eded, atta y question	If two married people a ch another sheet to this					
Part 1.	t 1: Descr Is this a join	ibe Your House	hold						
١.	-								
	■ No. Go to		in a senar	ate household?					
			iii a sepai	ate nousenoid:					
	□ N		st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Del	otor 2.		
2.	Do you have	e dependents?	■ No						
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents	names.						☐ Yes	
								□ No	
								☐ Yes	
								□ No	
								☐ Yes	
								□ No	
3.	Do your eyr	enses include	_					☐ Yes	
Pari	expenses of yourself and	f people other to d your depende ate Your Ongoi	han nts? □	No Yes					
Esti exp	imate your ex	penses as of yo	our bankrı	uptcy filing date unless y y is filed. If this is a sup					
the		n assistance an		government assistance cluded it on <i>Schedule I:</i>			Your exp	enses	
4.	The rental o	r home owners	hin exnen	ses for your residence.	Include first mortaga	Δ			
		nd any rent for the		-	morade mor mortgag	4.	\$	2,609.66	
	If not includ	led in line 4:							
		estate taxes				4a.	:	0.00	
		rty, homeowner's				4b.	:	0.00	
			•	ipkeep expenses		4c.	:	0.00	
5.		owner's associat nortgage payme		oominium dues our residence, such as ho	ome equity loans	4d. 5.	·	0.00 463.62	
		יוויניים -פרפר			oquity louilo	٥.	*	700.02	

tor 1 Alan Bruce Powell	Case number (if kn	own)
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	200.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	297.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	600.00
Childcare and children's education costs	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	10.00
Personal care products and services	10. \$	40.00
Medical and dental expenses	11. \$	60.00
Transportation. Include gas, maintenance, bus or train fare.		
Do not include car payments.	12. \$	300.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	50.00
Charitable contributions and religious donations	14. \$	100.00
Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.	1E0 °	70.00
15a. Life insurance	15a. \$	76.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	300.00
15d. Other insurance. Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	16. \$	0.00
Specify: Installment or lease payments:	го. ф	0.00
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. \$	
17c. Other. Specify: First Interstate Bank- secured pmts vehicles/boat	17C. \$	1,405.42
17d. Other. Specify: First Security Bank- unsecured loan-nonfiling spouse co-debt	17d. \$	213.45
Your payments of alimony, maintenance, and support that you did not report as	17u. ¥	
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Sche	-	ome.
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify: pet food/vet	21. +\$	50.00
Spouse's credit card payments	+\$	1,270.00
Spouse's student loan payments	+\$ _	250.00
opouse 3 student loan payments		230.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	8,295.15
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	8,295.15
		,
Calculate your monthly net income.	00- *	=
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	5,466.74
23b. Copy your monthly expenses from line 22c above.	23b\$	8,295.15
22a Cubtract your monthly avanage from your monthly in annual		
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	-2,828.41
The result is your monthly net income.	200.	_,
Do you expect an increase or decrease in your expenses within the year after yo	u file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your		to increase or decrease because of
modification to the terms of your mortgage?	· ·	
■ No.		

page 2

Official Form 106J

Fill in this infor	mation to identify you	ır case:		
Debtor 1	Alan Bruce Pow	/ell		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MONTANA		
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Form	m 106Daa			
Official Forr				_
Declarat	tion About	an Individual D	Debtor's Sched	ules 12/15
f two married po	eople are filing togeth	er, both are equally responsi	ble for supplying correct info	rmation.
You must file thi	is form whenever you	file bankruptcy schedules or	amended schedules. Making	a false statement, concealing property, or
obtaining mone	y or property by fraud	in connection with a bankrup		up to \$250,000, or imprisonment for up to 20
years, or both. 1	8 U.S.C. §§ 152, 1341,	, 1519, and 3571.		
Sig	n Below			
Did you pa	ay or agree to pay son	neone who is NOT an attorney	y to help you fill out bankrupt	cy forms?
■ No				
☐ Yes. I	Name of person			Attach Bankruptcy Petition Preparer's Notice,
☐ 1es. i	Maine of person			Declaration, and Signature (Official Form 119)
				3
	alty of perjury, I declar e true and correct.	e that I have read the summa	ry and schedules filed with th	is declaration and
that they ar	e true and correct.			
X /s/ Ala	n Bruce Powell		X	
	Bruce Powell		Signature of Debtor 2	
Signatu	re of Debtor 1			
Date .	January 31, 2020		Date	
Date ,	January 31, 2020			

	n this inform	nation to identify you	r case:			
Deb	tor 1	Alan Bruce Pow	ell Middle Name	Last Name		
Deb	tor 2	riist Name	iviladie Name	Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bar	kruptcy Court for the:	DISTRICT OF MONTANA	4		
Cas	e number					
(if kno	own)				_	Check if this is an mended filing
~ "	–	407				
	icial For					
Sta	itement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
infor	mation. If me		attach a separate sheet to		equally responsible for sup additional pages, write you	
Part		,	rital Status and Where You	Lived Refore		
		current marital statu		LIVER BEIOIC		
	_					
	■ Married □ Not mar	ried				
2.	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>1</i> .	
	Debtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ldress:	Dates Debtor 2 lived there
3.	Within the la	st 8 years, did you ev	ver live with a spouse or leg	gal equivalent in a commun	ity property state or territory	y? (Community property
					ico, Texas, Washington and V	
	■ No					
	☐ Yes. Ma	ke sure you fill out Scl	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Evolui	n the Sources of You	r Incomo			
ran	Explain	n the Sources of You	i income			
	Fill in the tota	I amount of income yo	nployment or from operating u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No	•	•	·		
	 _	in the details.				
	_ 105.1111	in the details.				
			Debtor 1	0	Debtor 2	One as in a
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	last calendar uary 1 to De	year: cember 31, 2019)	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debioi	Ala	an Bruce i	oweii			Case	e number (if known)		
				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	(befo	es income ore deductions and usions)	Sources of inco		Gross income (before deductions and exclusions)
		dar year be December		■ Wages, commissions, bonuses, tips		\$24,600.00	☐ Wages, comr bonuses, tips	nissions,	
				☐ Operating a business			☐ Operating a b	ousiness	
		dar year: December	31, 2017)	■ Wages, commissions, bonuses, tips		\$24,599.90	☐ Wages, comr bonuses, tips	nissions,	
				☐ Operating a business			☐ Operating a b	ousiness	
wi	nnings. st each s	f you are fili	ng a joint cas	pensions; rental income; inte e and you have income that ome from each source separa	you rece	ived together, list it o	nly once under De	btor 1.	u garnoling and lottery
				Debtor 1			Debtor 2		
				Sources of income Describe below.	each (befo	ss income from source ore deductions and usions)	Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
		1 of curre	nt year until nkruptcy:	Roth IRA Distribution		\$5,000.00			
		dar year: December	31, 2019)	Roth IRA Distribution		\$22,500.00			
		dar year be December		Roth IRA Distribution		\$44,000.00	Roth IRA Dist	ribution	\$55,000.00
Part 3:	List	Certain Pa	yments You	Made Before You Filed for	Bankru	ptcy			
	re either	Neither De	ebtor 1 nor D	's debts primarily consume bebtor 2 has primarily cons personal, family, or househo	umer de	bts. Consumer debts	s are defined in 11	U.S.C. § 10	1(8) as "incurred by an
		During the	90 days befo	re you filed for bankruptcy, d	lid you pa	ay any creditor a tota	l of \$6,825* or more	∍?	
		□ Yes	List below e	each creditor to whom you pa editor. Do not include payme payments to an attorney for	nts for de	omestic support oblig			
_		•	•	t on 4/01/22 and every 3 year			or after the date of	adjustment	
	Yes.			r both have primarily consore you filed for bankruptcy, d			I of \$600 or more?		
		□ No.	Go to line 7						
		■ Yes	include pay	each creditor to whom you pa ments for domestic support of this bankruptcy case.					
С	reditor'	s Name and	d Address	Dates of paymo	ent	Total amount paid	Amount you still owe	Was this p	payment for

9:20-bk-90010-BPH Doc#: 1 Filed: 01/31/20 Entered: 01/31/20 16:31:41 Page 59 of 73 Case number (if known) Debtor 1 Alan Bruce Powell **Creditor's Name and Address** Dates of payment **Total amount** Amount you Was this payment for ... paid still owe **Nationstar Mortgage LLC** \$2,609.66 \$340,039.00 Monthly Mortgage 8950 Cypress Waters Blvd. ☐ Car **Irving, TX 75063** ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο ☐ Yes. List all payments to an insider. Amount you Insider's Name and Address Dates of payment **Total amount** Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. ☐ Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number Amex v. Powell Collection Montana 4th Judicial Pending DV-19-1023 **District Court** ☐ On appeal Dept. 3 □ Concluded Missoula, MT 59802 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Nο

Yes. Fill in the details. П

Creditor Name and Address Describe the action the creditor took Date action was Amount taken

Case number (if known) Debtor 1 Alan Bruce Powell 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the aifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. п Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You **Geranios Law, PLLC July 2019** \$50.00 120 Hickory Street, Suite B Missoula, MT 59801 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment

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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 4

Debtor 1 Alan Bruce Powell Case number (if known)

	transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.									
	Person Who Received Transfer Address				or Date transfer was debts made					
	Person's relationship to you	Person's relationship to you								
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details.		ny property to a s	elf-settled trust or similar	device of which you are a					
	Name of trust	Description and	value of the prop	erty transferred	Date Transfer was					
					made					
Pai	t 8: List of Certain Financial Accounts, Ins	struments, Safe Deposi	t Boxes, and Sto	rage Units						
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage									
	houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details.									
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number			as Last balance before closing or transfer					
21.	Do you now have, or did you have within 1 y cash, or other valuables?	year before you filed fo	r bankruptcy, any	safe deposit box or other	depository for securities,					
	■ No									
	Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the contents	Do you still have it?					
22.	Have you stored property in a storage unit of	or place other than you	r home within 1 y	ear before you filed for ba	nkruptcy?					
	■ No									
	☐ Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, S State and ZIP Code)		Describe the contents	Do you still have it?					
Pai	t 9: Identify Property You Hold or Control	for Someone Else								
23.	Do you hold or control any property that so for someone.	meone else owns? Incl	ude any property	you borrowed from, are s	toring for, or hold in trust					
	No									
	Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code)	e Where is the property? Describe the property			Value					
De		Code)								
L C	t 10: Give Details About Environmental Info	UTITIALIUTI								

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Alan Bruce Powell

regulations controlling the cleanup of these substances, wastes, or material.

Case number (if known)

	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.									
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.									
Rep	ort a	all notices, releases, and proceedings th	at you know about, regardless of when t	hey occurred						
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?										
		No Yes. Fill in the details.								
		nme of site ddress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environme know it	ental law, if you	Date of notice				
25.	Hav	ve you notified any governmental unit of	any release of hazardous material?							
		No Yes. Fill in the details.								
		ame of site ddress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environme know it	ental law, if you	Date of notice				
26.	Hav	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
		■ No □ Yes. Fill in the details.								
		ase Title ase Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the o	case	Status of the case				
Par	t 11	: Give Details About Your Business or	Connections to Any Business							
27.	Wit	thin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?								
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity, ei	ither full-time	or part-time					
		■ A member of a limited liability comp	pany (LLC) or limited liability partnership	(LLP)						
		☐ A partner in a partnership								
		■ An officer, director, or managing executive of a corporation								
		☐ An owner of at least 5% of the voting or equity securities of a corporation								
		□ No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.									
		usiness Name	Describe the nature of the business		Identification number					
		Idress ımber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.						
	Δα	ce Distributing	Sales	Dates bus	siness existed 81-0493642					
	At 10	th Alan B. Powell 118 Burlington Ave, ste 100 issoula, MT 59801	John M. Cooper, Lehman & Cooper, CPA's	From-To 2000-July 23, 2019						
	K	OM Distributing, LLC	Sales	EIN:	84-2488780					
		3 , -	John M. Cooper, Lehman &	From-To	July 2019 to preser	nt				

Cooper, CPA's

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☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your	case:			
Debtor 1	Alan Bruce Powe				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	DISTRICT OF MO	ONTANA		
	, ,				
Case number(if known)					☐ Check if this is an amended filing
Official Fo	rm 108				
		n for Indiv	viduals Filing L	Inder Chapter	7 12/15
	vidual filing under cha	-	I out this form if:		
_	e claims secured by yo ed personal property a		ot expired		
You must file this	s form with the court w ver is earlier, unless th	ithin 30 days after	you file your bankruptcy pe		or the meeting of creditors, reditors and lessors you list
	eople are filing together	in a joint case, bo	th are equally responsible	for supplying correct infor	rmation. Both debtors must
	and accurate as possib our name and case nur		s needed, attach a separate	sheet to this form. On the	e top of any additional pages,
Part 1: List Yo	our Creditors Who Have	e Secured Claims			
-	ors that you listed in Pa		: Creditors Who Have Clair	ns Secured by Property (C	Official Form 106D), fill in the
	editor and the property t	nat is collateral	What do you intend to do secures a debt?	o with the property that	Did you claim the property as exempt on Schedule C?
Creditor's F	irst Interstate Bank		☐ Surrender the property		□ No
name:	ii st iiitei state baiik		Retain the property an		□ NO
Description of	7125 Buckhorn La	ne Missoula.	Retain the property and	d enter into a	■ Yes
property securing debt:	MT 59808 Missoul	·	Reaffirmation Agreemed Retain the property and		
Creditor's F	irst Security Bank		☐ Surrender the property		■ No
name:	,		☐ Retain the property an		— NO
Description of	Vehs owned by Ac	e Distrib-	Retain the property and		☐ Yes
property	closed biz. 2010 C	hev Express	Reaffirmation Agreemed Retain the property and		
securing debt:	Van \$4900; 2001 C Suburban\$1075; 2				
	Ram 2500 \$9550; 1	994			
	Crestliner boat and \$6240. Debtor inte				
	reaffirm as he and	_			

Debtor 1 Alan Bruce Powell	Case number (if known	n)
Creditor's First Security Bank name: Description of property securing debt: First Security Bank 1994 Crestliner V195 Sportfish Older boat with boat cover and trailer	 □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	■ No □ Yes
Creditor's Nationstar Mortgage LLC name: Description of property MT 59808 Missoula County securing debt:	 □ Surrender the property. □ Retain the property and redeem it. ■ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	□ No ■ Yes
Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you lister in the information below. Do not list real estate leases. U You may assume an unexpired personal property lease in	d in Schedule G: Executory Contracts and Unexpir Inexpired leases are leases that are still in effect; t	he lease period has not yet ended.
Describe your unexpired personal property leases		Will the lease be assumed?
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No
Lessor's name: Description of leased Property:		□ No □ Yes
Part 3: Sign Below		
Under penalty of perjury, I declare that I have indicated n property that is subject to an unexpired lease.	ny intention about any property of my estate that s	ecures a debt and any personal
X /s/ Alan Bruce Powell Alan Bruce Powell	Signature of Debtor 2	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1	Alan Bruce Powell		Case number (if known)	
Signat	ture of Debtor 1			
Date	January 31, 2020	Date		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. 9:20-bk-90010-BPH Doc#: 1 Filed: 01/31/20 Entered: 01/31/20 16:31:41 Page 71 of 73

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of Montana

In re	e Alan Bruce Powell		Case No) .	
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR I	DEBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of the debtor (s).	ng of the petition in bankruptcy	y, or agreed to be pa	id to me, for services re-	
	For legal services, I have agreed to accept		\$	1,850.00	
	Prior to the filing of this statement I have received.			50.00	
	Balance Due		\$	1,800.00	
2.	\$ of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	☐ Debtor ☐ Other (specify): Lien o	on spouse's 2015 Subaru l	Forester.		
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	n unless they are me	mbers and associates of	my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national states.				w firm. A
5.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspec	cts of the bankruptc	case, including:	
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on ho 	ement of affairs and plan which ors and confirmation hearing, a reduce to market value; ex ons as needed; preparatio	th may be required; and any adjourned be cemption planning	earings thereof; g; preparation and f	iling of
7.	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis- any other adversary proceeding.			nces, relief from stay	actions or
		CERTIFICATION			
	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	y agreement or arrangement for	or payment to me fo	representation of the d	ebtor(s) in
	January 31, 2020	/s/ Nik Geranios			
1	Date	Nik Geranios Signature of Attorn	ıav		
		Geranios Law, F	PLLC		
		120 Hickory Stre Suite B	eet		
		Missoula, MT 59	801		
		406 541-3565 F	ax: 866 473-8348		
		<u>nik@geraniosla</u> Name of law firm	w.com		
		rume oj iuw firm			

United States Bankruptcy Court District of Montana

		District of Montana		
In re	Alan Bruce Powell		Case No.	
		Debtor(s)	Chapter	7
	VEDI	FICATION OF CREDITOR M	A TDIV	
	VERI	IFICATION OF CREDITOR I	IAI KIA	
Γhe abo	ove-named Debtor hereby verifies t	that the attached list of creditors is true and co	rrect to the best	of his/her knowledge.
Date:	January 31, 2020	/s/ Alan Bruce Powell		
		Alan Bruce Powell		

Signature of Debtor

First Interstate Bank PO Box 30918 Billings, MT 59116-0918 Bank of America PO Box 982238 El Paso, TX 79998-2238 Providence Business Office P.O. Box 3177 Portland, OR 97208-3177

First Security Bank PO Box 4506 Missoula, MT 59806 Capital One/Cabellas P.O. Box 3021 Salt Lake City, UT 83130 Radius Global Solutions 7831 Glenroy Rd., ste 250-A Minneapolis, MN 55439

Nationstar Mortgage LLC 8950 Cypress Waters Blvd. Irving, TX 75063 Carol Bridges, MD 2819 Great Northern Loop Missoula, MT 59808

Rodenburg Law Firm 300 NP Ave. N, ste 105 Fargo, ND 58108

IRS Centralized Insolvency Operation Post Office Box 7346 Philadelphia, PA 19101-7346 Cathryn Powell 7125 Buckhorn Lane Missoula, MT 59808 St. Patrick Hospital 500 West Broadway Missoula, MT 59802

Montana Department of Revenue Bankruptcy Program P.O. Box 7701 Helena, MT 59604-7701 Chase Card Services PO Box 15369 Wilmington, DE 19850

Syncb/Paypal P.O. Box 965005 Orlando, FL 32896-5003

ABC/Amega 500 Seneca Street, Suite 400 Buffalo, NY 14204-1963 Citicards CBNA P.O. Box 6241 Sioux Falls, SD 57117 Wells Fargo Business Card P.O. BOX 29482 Phoenix, AZ 85038-8650

Ace Distributing, Inc. 1018 Burlington Ave. Missoula, MT 59801 Credit First, NA P.O. Box 81315 Cleveland, OH 44181-0315 Western Montana Clinic P.O. Box 7609 Missoula, MT 59807

ADT Security Services 306 Railroad St. Missoula, MT 59802 International Heart Institute 500 W Broadway Ste 320 Missoula, MT 59802 Mr. Cooper P.O. BOX 619094 Dallas, TX 75261-9741

American Express PO Box 981535 El Paso, TX 79998 Johnson Controls 1620 Regent Street Missoula, MT 59801